

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	①		1			
8	①		1			
9	①		1			
10	①		1			
11	1		1			
12	1		1			
13	2		1			
14	②		1			
15	①		1			
16	①		1			
17	①		1			
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TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			